

## Individual Counseling Guide – Infants

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;"><b>103</b> <b>Infant Underweight</b></p> <p style="text-align: center;">≤10th percentile weight for length</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity and/or low birth weight</li> <li>• mother’s pre-pregnancy weight and weight gain during pregnancy</li> <li>• inadequate intake</li> <li>• insufficient resources for food</li> <li>• inaccurate formula dilution</li> <li>• feeding or breastfeeding problems or inappropriate feeding practices</li> <li>• recent illness, developmental delay or chronic medical conditions</li> <li>• abuse, neglect or poor psycho-social situation</li> </ul> <p><i><b>Note:</b> Growth along the 10<sup>th</sup> percentile weight for length may represent normal growth for some infants. However, a weight and length recheck is often necessary to evaluate if expected growth is taking place. Infants ≤5<sup>th</sup> percentile weight for length are at greater risk for protein-calorie malnutrition, growth faltering, and growth failure.</i></p> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Consider infant’s previous growth patterns.</li> <li>• Reinforce what parent is doing right.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• For premature and developmentally-delayed infants, consider adjusted age and developmental readiness.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent’s awareness of hunger/satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages only when developmentally ready.</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant’s eating habits, including breastfeeding. Ask parent how she can tell when infant is hungry, as well as when infant is full. Ask parent to state one or two ways she can help her infant improve growth. Incorporate growth chart and diet recall into counseling session.</i></p>	<p><b>Refer to doctor or clinic if:</b></p> <ul style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the <i>Health History</i>.</li> <li>• &lt;5th percentile weight/length.</li> <li>• if weight and length rechecks confirm that weight for length percentile is decreasing.</li> <li>• parent complains infant is often sleepy or lacks hunger signs.</li> <li>• &lt;5 wet diapers/day for infants over 1 week of age</li> </ul> <p><b>Refer to a Registered Dietitian if:</b> available, and if infant is &lt;10<sup>th</sup> percentile weight for length.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Refer to Food Stamps, food pantry, etc. if:</b> insufficient food or resources for food.</p> <p><b>Refer to Child Protective Services if:</b> signs of abuse or neglect; 1-800-252-5400.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let’s Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby’s First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No. 19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

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<p><b>113</b></p> <p><b>Infant Overweight</b></p> <p>≥95th percentile weight for length or height</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• birth weight</li> <li>• mother’s pre-pregnancy weight, weight gain during pregnancy and/or gestational diabetes</li> <li>• overfeeding or inappropriate feeding practices</li> <li>• inaccurate formula dilution</li> <li>• feeding problems</li> <li>• developmental delay or chronic medical conditions</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Consider infant’s previous growth patterns.</li> <li>• Reinforce what parent is doing right.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Being overweight during infancy and early childhood may suggest inappropriate feeding practices or family behaviors which could eventually lead to obesity, inactivity, developmental delay and/or other health problems.</li> <li>• Consider more frequent weight and length rechecks to determine if weight for length is increasing, decreasing or staying the same.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, giving excess juice, etc., can interfere with the intake of appropriate, nutrient-dense foods, and lead to the over-consumption of calories (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages only when developmentally ready.</li> <li>- parent’s awareness of hunger and satiety cues.</li> <li>- parent’s techniques for dealing with crying and/or colic. Do parents immediately respond by feeding infant? If needed, refer to “Crying” and “Colic” sections in the “Other Topics” portion of this Counseling Guide (immediately following risk code 903).</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> <li>• <b>Weight-loss diets for infants and children should never be recommended by WIC staff.</b></li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant’s health or eating habits, including breastfeeding. Ask parent how she can tell when infant is hungry and when infant is full. Ask parent to state one or two things she can do to help her infant achieve more appropriate growth. Incorporate growth chart and diet recall into counseling session.</i></p>	<p><b>Refer to doctor or clinic if:</b></p> <ul style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the <i>Health History</i>.</li> <li>• if weight and length rechecks confirm that weight for length percentiles are increasing.</li> </ul> <p><b>Refer to a Registered Dietitian if:</b> available and deemed appropriate.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let’s Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby’s First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>

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<p><b>121</b> <b>Short Stature</b>  ≤10th percentile length or height for age</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• low birth weight/prematurity</li> <li>• inadequate intake</li> <li>• parents' stature (height)</li> <li>• mother's pre-pregnancy weight and weight gain during pregnancy</li> <li>• insufficient resources for food</li> <li>• improper formula dilution</li> <li>• feeding/breastfeeding problems or inappropriate feeding practices</li> <li>• developmental delay or chronic medical conditions that interfere with nutrient absorption, metabolism, etc.</li> </ul> <p><i><b>Note:</b> Growth along the 10<sup>th</sup> percentile length for age may represent normal growth for some infants. A length recheck is often necessary to evaluate if expected growth is taking place.</i></p> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Consider infant's previous growth patterns.</li> <li>• Reinforce what parent is doing right.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• For premature and developmentally-delayed infants, consider adjusted age and developmental readiness.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages only when developmentally ready.</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> <li>• If diet is adequate and infant does not qualify for any other risk codes, explain that WIC will monitor infant's growth to confirm adequate growth. Reassure parents that this is a standard procedure in WIC.</li> </ul> <p><b>***Making the Connection***</b>  <i>Ask parent what concerns she has about the infant's eating habits, including breastfeeding. Ask parent how she can tell when infant is hungry, as well as when infant is full. Incorporate growth chart and diet recall into counseling session.</i></p>	<p><b>Refer to doctor or clinic if:</b></p> <ul style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the <i>Health History</i>.</li> <li>• if length rechecks confirm that length for age percentiles are decreasing.</li> </ul> <p><b>Refer to a Registered Dietitian if:</b> available and deemed appropriate.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No. 19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

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<p><b>134</b>  <b>Failure to Thrive*</b>  <b>(FTT)</b></p> <p><b>*Must be diagnosed by a physician</b></p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity and/or low birth weight</li> <li>• mother's pre-pregnancy weight and weight gain during pregnancy</li> <li>• inadequate intake</li> <li>• insufficient retention of nutrients (vomiting, diarrhea, malabsorption, etc.)</li> <li>• insufficient resources for food</li> <li>• inaccurate formula dilution</li> <li>• feeding or breastfeeding problems or inappropriate feeding practices</li> <li>• recent illness, developmental delay or chronic medical conditions</li> <li>• abuse, neglect or poor psycho-social situation</li> </ul> <p><i>Note: Failure to thrive is a symptom of other problems. Thus, it's crucial to follow-up with the physician to clarify the underlying problem so that appropriate counseling can be provided. Weight and length rechecks are often necessary to evaluate growth.</i></p> <p><b>Counseling Topics and Considerations</b> (some topics may not be appropriate for infants with oral-motor feeding problems and/or infants who are tube-fed):</p> <ul style="list-style-type: none"> <li>• Identify who is responsible for food preparation and feeding.</li> <li>• Reinforce what parent is doing right.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages only when developmentally ready.</li> <li>- for premature infants, consider adjusted age and developmental readiness.</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant's eating habits, including breast-feeding. Ask parent how she can tell when infant hungry, as well as when infant is full. Ask parent to state one or two ways she can help infant improve growth. Incorporate growth chart and diet recall into counseling session.</i></p>	<p><b>Encourage regular follow-up medical care. Contact doctor to determine etiology and coordinate services.</b></p> <p><b>Report weight and length to doctor if:</b> a failure to thrive infant loses weight or has not gained weight.</p> <p><b>Refer to a Registered Dietitian if:</b> available and deemed appropriate.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No. 19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

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<p><b>135 Inadequate Growth</b></p> <p>(For definition, refer to the Texas Nutrition Risk Manual.)</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity and/or low birth weight</li> <li>• mother's pre-pregnancy weight and weight gain during pregnancy</li> <li>• inadequate intake</li> <li>• insufficient resources for food</li> <li>• inaccurate formula dilution</li> <li>• inappropriate feeding practices</li> <li>• insufficient retention of nutrients (vomiting, diarrhea, malabsorption, etc.)</li> <li>• feeding or breastfeeding problems or inappropriate feeding practices</li> <li>• recent illness, developmental delay or chronic medical conditions</li> </ul> <p><b>Counseling Topics and Considerations</b> (Some topics may not be appropriate for infants with oral-motor feeding problems and/or infants who are tube-fed):</p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages only when developmentally ready.</li> <li>- for premature infants, consider adjusted age and developmental readiness.</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant's eating habits, including breast-feeding. Ask parent how she can tell when infant is hungry, as well as when infant is full. Ask parent to state one or two ways she can help infant improve growth. Incorporate growth chart and diet recall into counseling session.</i></p>	<p><b>Refer to doctor or clinic:</b> Any infant who qualifies for this risk code.</p> <p><b>Contact physician to clarify etiology and coordinate services.</b></p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No.19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

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<p><b>141</b> <b>Low Birth Weight</b></p> <p>Birth weight of 5 lb. 8 oz. or less (2500 g or less)</p>	<p><i>Note: Although weight was low at birth, consider the infant's current status (growth, intake, output, etc.) before counseling.</i></p> <p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity</li> <li>• mother's pre-pregnancy weight and weight gain during pregnancy</li> </ul> <p><b>Counseling Topics and Considerations</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages (only when developmentally ready).</li> <li>- for premature infants, consider adjusted age and developmental readiness.</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the connection***</b></p> <p><i>Ask parent what concerns she has about the infant's health or eating habits, including breastfeeding. Ask parent how she can tell when infant hungry, as well as when infant is full. Incorporate growth chart and diet recall into counseling session.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No.19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

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<p><b>142</b></p> <p><b>Prematurity</b></p> <p>37 weeks or less gestation</p>	<p><i>Note: Although gestation was 37 weeks or less, consider the infant's current status (growth, intake, output, etc.) before counseling.</i></p> <p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prenatal complications</li> <li>• multiple birth (twins, triplets, etc.)</li> </ul> <p><i>Note: Parents need to understand that it is normal for premature infants to progress through feeding stages at a later chronological age than full-term infants. Introducing solid foods too early (using chronological rather than adjusted age) can lead to inadequate growth.</i></p> <p><b>Counseling Topics and Considerations</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Consider adjusted age and developmental feeding cues when determining readiness for new foods, textures, etc. Infants shouldn't progress to a new stage until ready (see Appendices E and F).</li> <li>• Review relevant feeding guidelines for adjusted age (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant's eating habits, including breast-feeding. Ask parent how she can tell when infant hungry, as well as when infant is full.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• <b>Available in 2002</b> – Feeding Your Premature Baby Step by Step, [13-06-11234(a)]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No. 19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

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<p><b>151</b> <b>Small for Gestational Age</b></p> <p>&lt;10<sup>th</sup> percentile weight for gestational age at birth</p>	<p><i>Note: Although weight for age was less than the 10<sup>th</sup> percentile at birth, consider the infant's current status (growth, intake, output, etc.) before counseling.</i></p> <p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prenatal complications</li> <li>• poor prenatal weight gain</li> <li>• maternal drug or alcohol abuse</li> <li>• multiple births</li> <li>• medical conditions (mother or infant)</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages (only when developmentally ready).</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant's eating habits, including breastfeeding. Ask parent how she can tell when infant hungry, as well as when infant is full.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Report to weight and length to doctor if:</b> weight for length is <math>\leq 5^{\text{th}}</math> percentile.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No. 19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>152</b></p> <p><b>Low Head Circumference</b></p> <p>&lt;5<sup>th</sup> percentile head circumference</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prenatal complications</li> <li>• neurological impairment</li> <li>• low birth weight</li> <li>• medical conditions (mother or infant)</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages (only when developmentally ready).</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Incorporate the infant's growth chart and/or diet recall into the counseling session. Ask parent what concerns/questions she has about feeding her infant. Ask parent how she can tell when infant hungry, as well as when infant is full.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>153</b> <b>Large for Gestational Age</b></p> <p>≥90th percentile weight for gestational age at birth,</p> <p>or</p> <p>birth weight of 9 lbs. or more (4000g or more)</p>	<p><i>Note: Although weight for age was greater than the 90<sup>th</sup> percentile at birth, consider the infant's current status (growth, intake, output, etc.) before counseling.</i></p> <p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• gestational diabetes</li> <li>• medical problems</li> <li>• mother's pre-pregnancy weight and weight gain during pregnancy</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Determine if diet recall is typical and accurate. Consider amounts served vs. amounts eaten.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the intake of appropriate, nutrient-dense foods and lead to the over-consumption of calories (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages (only when developmentally ready).</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent what concerns she has about the infant's eating habits, including breast-feeding. Ask parent how she can tell when infant hungry, as well as when infant is full.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>201</b></p> <p><b>Low Hematocrit/Low Hemoglobin</b></p> <p><b>6-12 months:</b> Hct &lt;33% or Hgb &lt;11.0g/dL</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity</li> <li>• use of low-iron formula</li> <li>• insufficient iron in the diet</li> <li>• use of whole cow's milk</li> <li>• insufficient resources for food</li> <li>• feeding/breastfeeding problems</li> <li>• breastfeeding with no source of iron in the diet after 6 months</li> <li>• recent illness, surgeries, developmental delay or chronic medical conditions</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• If physician has prescribed an iron supplement, confirm that parent is clear about the dosage and how to measure it. If needed, refer parent to doctor for clarification.</li> <li>• Emphasize that it is important to promptly treat iron-deficiency anemia; untreated it can lead to impaired mental and motor development.</li> <li>• Confirm proper formula preparation (proper dilution and sanitary formula preparation).</li> <li>• Review age-appropriate feeding guidelines for iron-rich diet: <ul style="list-style-type: none"> <li>- Iron sources for infants, ages 6–12 months, include iron-fortified infant formula, iron-fortified infant cereal, meats and oral iron supplements.</li> <li>- Plain commercial baby food meats have a higher nutrient value compared to commercial baby food mixed dinners (mixed dinners are lower in protein and iron). Parents can mix plain meats with vegetables and fruits to increase infant's acceptance of the meat.</li> <li>- Limit juice to 4 ounces a day; too much juice can result in poor intake of high-iron foods.</li> <li>- Low-iron infant formula is not appropriate for infants except in cases of vitamin E hemolytic anemia, thalassemia major, or other rare disorders.</li> <li>- Fresh milk is not appropriate until an infant is 1 year old. Fresh milk is low in iron plus, it can cause occult blood loss, stress on the kidneys and allergic reactions.</li> <li>- Inappropriate feeding methods (such as infant feeders or cereal in the bottle) can interfere with the adequate intake of appropriate nutrient-dense foods, including iron-rich foods.</li> <li>- Serve vitamin C-rich foods with iron-rich foods to improve iron absorption (for example, mix infant cereal with baby food fruit or juice).</li> <li>- Use iron/cast iron cookware to increase the amount of iron in homemade baby food.</li> </ul> </li> </ul> <p><b>***Making the Connection***</b></p> <p><i>Ask parent to state one thing they could do to help improve their infant's iron status.</i></p> <p><i>Ask parent what concerns or questions she has about feeding her infant.</i></p>	<p><b>Follow local agency protocol for referral to doctor or clinic and rechecks.</b></p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <p>Nutrition Fact Sheet No.11, Iron Deficiency</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>211 Lead Poisoning</b></p> <p>Blood lead levels <math>\geq 10\mu\text{g}/\text{deciliter}</math> within the past 12 months</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• anemia</li> <li>• inadequate diet</li> <li>• insufficient resources for food</li> <li>• feeding problems</li> <li>• developmental delay</li> <li>• pica</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Refer for follow-up testing if indicated.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Review an adequate age-appropriate diet. The absorption of lead is decreased if calories and nutrients (calcium, magnesium, iron, zinc, thiamin, vitamins E and C) are consumed in adequate amounts.</li> <li>• Emphasize that it is important to promptly treat infants with elevated lead levels; untreated it can lead to impaired mental development and learning and behavior problems.</li> <li>• Stress that offering an adequate intake of all age-appropriate foods is helpful. Consuming adequate levels of iron, calcium and calories helps to decrease lead absorption.</li> <li>• Discuss meal planning and cooking methods to increase iron absorption. <ul style="list-style-type: none"> <li>- Use iron/cast iron cookware to increase the amount of iron in homemade baby food.</li> <li>- Serve vitamin C-rich foods with iron-rich foods to improve iron absorption.</li> </ul> </li> <li>• Determine if infant is eating any non-food items such as dirt, paint chips, etc. Eating non-food items can cause lead poisoning.</li> <li>• Review food preparation techniques to decrease lead absorption (See <i>Get the Lead Out: Intervention</i> [1-301, 1-301 (a)]).</li> </ul> <p><b>***Making the Connection***</b>  <i>Ask parent what concerns or questions she has about feeding her infant.</i></p>	<p><b>Refer to doctor or clinic if:</b>  blood lead levels <math>\geq 10\mu\text{g}/\text{deciliter}</math> within the past 12 months and no interim follow-up.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Get the Lead Out With Good Nutrition [13-32]</li> <li>• Get the Lead Out: Intervention [1-301, 1-301(a)]</li> <li>• Get the Lead Out: Prevention [1-302, 1-302(a)]</li> <li>• Get the Lead Out: Renovation [1-303, 1-303(a)]</li> <li>• WIC For You: Beware of Lead!, Vol. 7/No. 1</li> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b>  Nutrition Fact Sheet No.10, Lead Poisoning</p>

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 285 338 313"><b>341</b></p> <p data-bbox="123 321 474 349"><b>Nutrient Deficiency Diseases</b></p> <p data-bbox="123 370 443 397">Includes, but not limited to:</p> <ul data-bbox="123 418 688 657" style="list-style-type: none"> <li>• malnutrition</li> <li>• scurvy (vitamin C deficiency)</li> <li>• rickets (vitamin D deficiency)</li> <li>• hypocalcemia (low blood levels of calcium)</li> <li>• osteomalacia (soft bones)</li> <li>• vitamin K deficiency (can cause jaundice, lung problems and anemia in infants)</li> </ul> <p data-bbox="289 735 338 763"><b>342</b></p> <p data-bbox="123 771 457 799"><b>Gastrointestinal Disorders</b></p> <p data-bbox="123 820 449 847">Includes, but not limited to:</p> <ul data-bbox="123 868 688 1172" style="list-style-type: none"> <li>• ulcers</li> <li>• liver</li> <li>• gallbladder diseases</li> <li>• malabsorption syndromes</li> <li>• bowel diseases</li> <li>• gastroesophageal reflux (GER); for information about GER, refer to the <i>Formula Resource Book</i> [13-174]</li> <li>• pancreatitis</li> </ul> <p data-bbox="289 1209 338 1237"><b>343</b></p> <p data-bbox="123 1245 617 1442"><b>Diabetes Mellitus</b> – low blood glucose levels due to defects in insulin secretion or insulin action. Diabetes can occur in infancy, although the symptoms are not always specific, so the diagnosis is often delayed.</p>	<p data-bbox="726 285 1102 349"><b>Counseling and Referral Notes for Codes 341, 342, 343:</b></p> <ul data-bbox="768 397 1934 1036" style="list-style-type: none"> <li>• Infants with these high-risk medical conditions often require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can offer <i>general</i> nutrition information that supports any special diet/feeding instructions from a physician or R.D., and answer general nutrition questions from the parent/caregiver.</li> <li>• If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral, and then refer them to a physician or R.D.</li> <li>• Be aware that the infant may be on a special and/or more concentrated formula. Confirm that caregiver is preparing formula under sanitary conditions, and as directed by physician or R.D.</li> <li>• If caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products, encourage caregiver to discuss these with infant's physician.</li> <li>• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.</li> </ul>

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 256 340 284"><b>344</b></p> <p data-bbox="128 290 575 386"><b>Thyroid Disorders</b> – inappropriate levels of thyroid hormone or defects in the receptors.</p> <p data-bbox="289 526 340 553"><b>345</b></p> <p data-bbox="128 560 558 587"><b>Hypertension</b> – high blood pressure.</p> <p data-bbox="289 727 340 755"><b>346</b></p> <p data-bbox="128 761 625 922"><b>Renal Disease</b> – excludes urinary-tract infections; does refer to other kidney diseases such as pyelonephritis (a bacterial infection of the kidney), and persistent protein in the urine.</p> <p data-bbox="289 1096 340 1123"><b>347</b></p> <p data-bbox="128 1130 693 1226"><b>Cancer</b> – a chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints.</p>	<p data-bbox="726 266 1104 329"><b>Counseling and Referral Notes for Codes 344, 345, 346, 347:</b></p> <ul data-bbox="772 378 1969 1019" style="list-style-type: none"> <li data-bbox="772 378 1969 508">• Infants with these high-risk medical conditions often require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can offer <i>general</i> nutrition information that supports any special diet/feeding instructions from a physician or R.D., and answer general nutrition questions from the parent/caregiver.</li> <li data-bbox="772 548 1829 612">• If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral, and then refer them to a physician or R.D.</li> <li data-bbox="772 652 1881 716">• Be aware that the infant may be on a special and/or more concentrated formula. Confirm that caregiver is preparing formula under sanitary conditions, and as directed by physician or R.D.</li> <li data-bbox="772 756 1871 852">• If caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products, encourage caregiver to discuss these with infant’s physician.</li> <li data-bbox="772 893 1969 1019">• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.</li> </ul> <p data-bbox="747 1110 1365 1138"><b>Additional counseling note for Code 347 (Cancer):</b></p> <p data-bbox="846 1153 1835 1216">If weight gain is a concern, provide parent with a list of age-appropriate calorie-dense foods (see Appendix H).</p>

Topic/Risk Condition	Counseling and Referral Information
<p><b>348</b>  <b>Central Nervous System Disorders</b>  Includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• epilepsy (recurrent seizures)</li> <li>• cerebral palsy (impairment to the area of the brain that controls movement and muscle tone).</li> <li>• neural-tube defects</li> </ul> <p><b>349</b>  <b>Genetic and Congenital Disorders</b>  Includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• cleft lip or palate</li> <li>• Down's syndrome</li> <li>• thalassemia major (blood disorder)</li> <li>• sickle-cell anemia (not sickle-cell trait)</li> </ul> <p><b>350</b>  <b>Pyloric Stenosis</b> – gastrointestinal obstruction that affects gastrointestinal function and nutritional status.</p>	<p><b>Counseling and Referral Notes for Codes 348, 349, 350:</b></p> <ul style="list-style-type: none"> <li>• Infants with these high-risk medical conditions often require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can offer <i>general</i> nutrition information that supports any special diet/feeding instructions from a physician or R.D., and answer general nutrition questions from the parent/caregiver.</li> <li>• If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral, and then refer them to a physician or R.D.</li> <li>• If infant is developmentally delayed or has a disability, refer to ECI (1-800-250-2246).</li> <li>• Be aware that the infant may be on a special and/or more concentrated formula. Confirm that caregiver is preparing formula under sanitary conditions, and as directed by physician or R.D.</li> <li>• If caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products, encourage caregiver to discuss these with infant's physician.</li> <li>• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.</li> </ul>
<p><b>351</b>  <b>Inborn Errors of Metabolism</b>  Includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• PKU</li> <li>• hyperlipoproteinemia</li> <li>• galactosemia</li> </ul>	<p><b>Do Not Provide Diet Counseling for Code 351 (Inborn Errors of Metabolism):</b>  Infants with these conditions are seen by a genetic dietitian who instructs the parents about very specialized metabolic formulas and monitors the infant closely (see policy CR: 07.0). Determine if clients have any specific nutrition questions/problems requiring referral to their physician or genetic dietitian, and reinforce the necessity of follow-up care.</p>

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 266 338 293"><b>352</b></p> <p data-bbox="128 302 447 363"><b>Infectious Diseases within Past Six Months</b></p> <p data-bbox="128 370 447 397">Includes, but not limited to:</p> <ul data-bbox="128 418 684 662" style="list-style-type: none"> <li>• bronchiolitis (three episodes in past 6 months)</li> <li>• TB</li> <li>• pneumonia</li> <li>• meningitis</li> <li>• parasitic infections</li> <li>• HIV or AIDS</li> <li>• hepatitis</li> </ul> <p data-bbox="289 734 338 761"><b>353</b></p> <p data-bbox="128 768 436 795"><b>Food Allergy</b> – limited to:</p> <ul data-bbox="128 818 239 990" style="list-style-type: none"> <li>• wheat</li> <li>• eggs</li> <li>• milk</li> <li>• corn</li> <li>• peanuts</li> </ul> <p data-bbox="289 1062 338 1089"><b>354</b></p> <p data-bbox="128 1096 684 1258"><b>Celiac Disease</b> – an inflammatory condition of the small intestine caused by eating gluten, a protein found in wheat and related grains. Symptoms include frequent diarrhea and weight loss. Also known as:</p> <ul data-bbox="128 1281 367 1382" style="list-style-type: none"> <li>• celiac sprue</li> <li>• gluten enteropathy</li> <li>• nontropical sprue</li> </ul>	<p data-bbox="726 292 1104 354"><b>Counseling and Referral Notes for Codes 352, 353, 354:</b></p> <ul data-bbox="772 402 1969 1040" style="list-style-type: none"> <li>• Infants with these high-risk medical conditions often require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can offer <i>general</i> nutrition information that supports any special diet/feeding instructions from a physician or R.D., and answer general nutrition questions from the parent/caregiver.</li> <li>• If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral, and then refer them to a physician or R.D.</li> <li>• Be aware that the infant may be on a special and/or more concentrated formula. Confirm that caregiver is preparing formula under sanitary conditions, and as directed by physician or R.D.</li> <li>• If caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products, encourage caregiver to discuss these with infant's physician.</li> <li>• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.</li> </ul>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>355</b> <b>Lactose Intolerance</b></p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• recent gastrointestinal illness</li> <li>• chronic medical conditions</li> <li>• parents' lactose-tolerance status</li> <li>• consuming foods containing lactose, resulting in symptoms</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right with the infant's diet.</li> <li>• Review sources of calcium that are lactose-free (see Appendix H).</li> <li>• Primary lactose intolerance is rare in infants, but an illness or medication can alter the lining of the gut and result in secondary lactose intolerance, which is a temporary condition. Once the gut has time to recover, these infants can usually tolerate a formula containing lactose. Refer to the <i>Formula Resource Book</i> for more information.</li> <li>• Review lactose-containing foods to avoid (milk-based formulas, cheese, yogurt, ice cream).</li> <li>• Review age-appropriate feeding guidelines for infants while avoiding lactose.</li> <li>• If infant is formula fed, issue a lactose-free formula.</li> <li>• Nutritional intervention is important because the ingestion of lactose can cause gastrointestinal disturbances, nausea, diarrhea and abdominal bloating. Also, avoiding lactose without substituting other sources of calcium can lead to a reduced calcium intake.</li> </ul> <p><b>***Making the connection***</b>  <i>Incorporate the infant's diet recall into the counseling session. Help parent identify any foods in the infant's diet that may contain lactose. Ask parent what concerns/questions she has about feeding her infant. Ask the parent to help plan the infant's meals for one day. Ask parent if she has concerns about giving her infant any specific foods.</i></p>	<p><b>Encourage regular follow-up medical care.</b></p> <p><b>Refer to a Registered Dietitian if:</b> available and deemed appropriate.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resource:</b></p> <ul style="list-style-type: none"> <li>• <i>Powers and Moore's Food-Medication Interactions</i> by Pronsky</li> <li>• Nutrition Fact Sheet No. 5, Lactose Intolerance</li> <li>• <i>Formula Resource Book</i> [13-174]</li> </ul>

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 261 338 289"><b>356</b></p> <p data-bbox="128 293 705 358"><b>Hypoglycemia</b> – a low level glucose in the blood, usually a complication of diabetes.</p> <p data-bbox="289 464 338 492"><b>357</b></p> <p data-bbox="128 496 705 691"><b>Drug-Nutrient Interactions</b> – Some medications can affect the absorption and metabolism of various nutrients. For specific information, refer to: <i>Powers and Moore’s Food-Medication Interactions</i>, 11<sup>th</sup> ed., Zaneta N. Pronsky, MS, RD, FADA.</p> <p data-bbox="289 833 338 860"><b>359</b></p> <p data-bbox="128 865 705 995"><b>Recent Major Surgery, Trauma, Burns in Past Two Months</b> – Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician.</p> <p data-bbox="289 1133 338 1161"><b>360</b></p> <p data-bbox="128 1166 449 1193"><b>Other Medical Conditions</b></p> <p data-bbox="128 1198 449 1226">Includes, but not limited to:</p> <ul data-bbox="128 1252 543 1390" style="list-style-type: none"> <li>• heart disease</li> <li>• cardiorespiratory diseases</li> <li>• cystic fibrosis</li> <li>• asthma requiring daily medication</li> </ul>	<p data-bbox="726 250 1146 315"><b>Counseling and Referral Notes for Codes 356, 357, 359, and 360:</b></p> <ul data-bbox="768 337 1934 979" style="list-style-type: none"> <li>• Infants with these high-risk medical conditions often require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can offer <i>general</i> nutrition information that supports any special diet/feeding instructions from a physician or R.D., and answer general nutrition questions from the parent/caregiver.</li> <li>• If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral, and then refer them to a physician or R.D.</li> <li>• Be aware that the infant may be on a special and/or more concentrated formula. Confirm that caregiver is preparing formula under sanitary conditions, and as directed by physician or R.D.</li> <li>• If caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products, encourage caregiver to discuss these with infant’s physician.</li> <li>• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.</li> </ul>

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 256 340 284"><b>362</b></p> <p data-bbox="128 293 548 391"><b>Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat</b></p> <p data-bbox="128 423 653 521">Disabilities that restrict the ability to chew or swallow food or require tube-feeding to meet nutritional needs.</p> <p data-bbox="128 570 449 597">Includes, but not limited to:</p> <ul data-bbox="128 613 428 813" style="list-style-type: none"> <li>• minimal brain function</li> <li>• brain damage</li> <li>• birth injury</li> <li>• head trauma</li> <li>• feeding problems due to developmental delays</li> </ul>	<p data-bbox="716 293 1089 321"><b>Counseling and Referral Notes</b></p> <ul data-bbox="758 337 1955 1040" style="list-style-type: none"> <li>• Infants with these high-risk medical conditions often require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can offer <i>general</i> nutrition information that supports any special diet/feeding instructions from a physician or R.D., and answer general nutrition questions from the parent/caregiver.</li> <li>• If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral, and then refer them to a physician or R.D.</li> <li>• Refer to ECI (1-800-250-2246).</li> <li>• Be aware that the infant may be on a special and/or more concentrated formula. Confirm that caregiver is preparing formula under sanitary conditions, and as directed by physician or R.D.</li> <li>• If caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products, encourage caregiver to discuss these with infant's physician.</li> <li>• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>381</b></p> <p><b>Dental Problems</b></p> <p>Nursing or baby-bottle caries</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• inappropriate snacks/beverages</li> <li>• inappropriate use of the bottle</li> <li>• lack of dental care/hygiene</li> <li>• developmental delay</li> <li>• chronic medical conditions</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review foods and feeding practices that can cause tooth decay and interfere with the adequate intake of appropriate nutrient-dense foods: <ul style="list-style-type: none"> <li>- Foods and beverages that promote tooth decay include ice cream, chocolate milk, fruit drinks, sugar-coated cereals, and soft drinks.</li> <li>- Juice should only be given in a cup and at an appropriate age.</li> <li>- Avoid constant exposure to liquids containing sugar, regardless of the container. Many infant cups (Sippy cups, Tippy cups, etc.) have non-spill lids with spouts, making them easy to carry around and drink from throughout the day, thus increasing the risk of decay.</li> </ul> </li> <li>• Review healthy dental practices for infants: <ul style="list-style-type: none"> <li>- Wipe baby's teeth and/or gums with a soft washcloth or brush with a small, soft toothbrush at least once a day, after feeding, and before sleep time. Do not use toothpaste.</li> <li>- Don't put a baby to bed with a bottle.</li> <li>- Hold baby during feedings, don't prop the bottle.</li> <li>- Parents need to keep their mouths and teeth clean and healthy. Bacteria and germs from a parent's mouth can cause tooth decay in an infant's mouth.</li> </ul> </li> <li>• Review gradual weaning process that begins during the first year (See "Weaning from the bottle" in the "Other Topics" portion of this Counseling Guide.): <ul style="list-style-type: none"> <li>- About 6 months of age, begin to offer a little breastmilk, formula, water or juice in a cup.</li> <li>- Replace baby's least favorite bottle feeding with the cup when he is about 8 months old. For the next few months, replace one bottle at a time with a cup. Replace the favorite feeding last.</li> <li>- If the baby needs a bottle to fall asleep, fill it with plain water. Comfort the baby by holding, rocking, or offering a soft toy.</li> </ul> </li> <li>• Appropriate use of the bottle and proper dental care is necessary to avoid further dental and nutritional complications, including loss of teeth; damage to permanent teeth; poor eating habits and appetite; and developmental lags in eating, chewing and speech.</li> </ul> <p><b>***Making the connection***</b></p> <p><i>Use the diet recall to help the parent identify foods, beverages or feeding practices that may be related to dental problems or lead to dental problems.</i></p>	<p><b>Refer to dentist or clinic if</b> infant has visible tooth decay, parent reports tooth decay</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Healthy Teeth for a Healthy Smile [13-89, 13-89(a)]</li> <li>• Weaning Your Baby From the Bottle [13-170, 13-170(a)]</li> <li>• Let's Eat [13-168, 13-168(a)]</li> </ul> <p><b>Staff Resources:</b></p> <p>Nutrition Fact Sheet No. 16, Weaning From the Bottle – How To Handle Both the Typical and the Slow-To-Wean Child</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>382</b> <b>Fetal Alcohol Syndrome (FAS)</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what infant is doing right with infant's diet.</li> <li>• Review age-appropriate diet keeping in mind any special dietary instructions the infant may have.</li> <li>• Reinforce any special diet/feeding instructions the physician or R.D. has given to the parent.</li> <li>• Determine if parent/caregiver is giving the infant any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage parent/caregiver to discuss these products with infant's health care provider.</li> <li>• Review possible food-medication interactions.</li> <li>• Regular medical care, including nutritional intervention, is important to minimize or avoid feeding problems or development of failure to thrive and poor growth.</li> <li>• Babies with FAS are often irritable and have difficulty feeding and sleeping. Also, these children grow steadily but slower than their peers, and they tend to be short in stature.</li> </ul> <p><b>***Making the connection***</b> <i>Ask parent what their concerns are about infant's eating habits, food intake or growth.</i></p>	<p><b>Encourage regular follow-up medical care.</b></p> <p><b>Refer to a Registered Dietitian if:</b> available and deemed appropriate.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resource:</b> <i>Powers and Moore's Food-Medication Interactions by Pronsky</i></p>
<p><b>402</b> <b>Vegan Diets</b></p> <p>No meat, poultry, fish, eggs, milk, cheese, or other dairy products.</p> <p><i>Note: Infants receiving a soy-based formula are not considered to be following a vegan diet.</i></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Review age-appropriate feeding guidelines for infants, keeping in mind special vegan restrictions.</li> <li>• Reinforce what parent is doing right.</li> <li>• A strict vegetarian diet must be carefully planned to assure an infant receives all nutrients needed for proper growth and development. Help parent find vegan sources of nutrients that may be deficient in the infant's diet (see Appendix K). These nutrients include calories, vitamin B12, vitamin D, calcium, iron, zinc and protein.</li> <li>• Early weaning of young infants from breast or bottle-feeding to vegan diets should be avoided because vegan diets are often very low in caloric density and high in bulk and volume.</li> <li>• When an infant is developmentally ready for protein-rich foods, parents can offer pureed legumes and tofu instead of meats.</li> </ul> <p><b>***Making the connection***</b> <i>Ask parent what their concerns are about infant's eating habits, food intake or growth. Ask parent to identify/name foods that are good sources of nutrients traditionally low or missing in a vegan diet.</i></p>	<p><b>Encourage regular follow-up medical care.</b></p> <p><b>Refer to RD for high-risk counseling if:</b> available and deemed appropriate.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Bright Futures in Practice: Nutrition</i>, Story and Holt, eds.</li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>403</b> <b>Highly Restrictive Diets</b></p> <p>Very low in calories, severely limiting intake of important food sources of nutrients or otherwise involving high-risk eating patterns.</p> <ul style="list-style-type: none"> <li>• Intentionally restricting dietary intake to cause weight loss or to prevent weight gain problems in infants.</li> <li>• Avoiding one or more food groups in the diet on a regular basis (intentional avoidance).</li> <li>• Fad diets</li> </ul>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• insufficient resources for food</li> <li>• inaccurate formula dilution</li> <li>• parents misinformed and/or following a fad diet</li> <li>• infant is intolerant to specific foods or parents perceive that infant has a food allergy</li> <li>• parents trying to promote weight loss or prevent weight gain problems in infant</li> <li>• feeding problems</li> <li>• developmental delay</li> <li>• chronic medical conditions</li> <li>• parental eating disorder</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• In the first few weeks, most infants eat quite often (every 1–2 hours). Then, as they get older, they gradually start eating less often, taking in a greater volume at each feeding. Infants should not be held to a strict feeding schedule; instead, parents should pay attention to hunger and satiety cues (see Appendix D).</li> <li>• Misinterpreting, ignoring, or overruling hunger/satiety cues, or restricting an infant’s diet during this critical time can cause inadequate growth and development.</li> <li>• An infant has the natural ability to regulate food intake based on hunger, appetite and satiety. Constantly controlling an infant’s food intake can cause the infant to lose this ability, plus it can lead to overfeeding or underfeeding.</li> <li>• <b>Weight-loss diets for infants and children should never be recommended by WIC staff.</b></li> <li>• If infant is overweight, review information from risk code 113.</li> <li>• By about 10 months of age, most full-term infants should be eating foods from all the food groups. Each food group provides nutrients necessary for proper growth and development. Eating a variety of foods is important to assure an infant is receiving all the nutrients necessary for growth.</li> <li>• Stress the importance of having a doctor diagnose food allergies/intolerances, especially if parents are restricting food(s) because of their own food allergies or intolerances.</li> </ul> <p><b>***Making the Connection***</b>  <i>Ask the parents what concerns they have about the infant’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let’s Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby’s First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resource:</b>  Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="128 228 386 326"><b>411 Inappropriate Infant Feeding Practices</b></p> <p data-bbox="121 675 392 802">Non-breastfed infant receiving either inadequate or excessive formula</p> <p data-bbox="157 1406 354 1458"><i>(code 411 continues on next page)</i></p>	<p data-bbox="426 228 1115 256"><b>Review Health History and diet for contributing factors:</b></p> <ul data-bbox="453 266 1444 578" style="list-style-type: none"> <li>• infant is unable to tolerate standard formulas</li> <li>• infant is intolerant to specific foods or parents perceive that infant has a food allergy</li> <li>• problems with breastfeeding</li> <li>• prematurity</li> <li>• developmental delay (tube-fed)</li> <li>• chronic medical conditions (cleft lip or palate)</li> <li>• failure to thrive</li> <li>• parent is unaware of developmental cues or ignoring developmental cues</li> <li>• parent misinformed or following a fad diet</li> </ul> <p data-bbox="426 675 1535 735"><b>Counseling Topics and Considerations (Non-breastfed infant receiving either inadequate or excessive formula):</b></p> <ul data-bbox="453 745 1556 1256" style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Confirm that infant isn't receiving breastmilk in addition to formula.</li> <li>• Determine if diet recall is typical and accurate. Consider ounces given in bottles versus ounces actually consumed.</li> <li>• Assess weight gain (to determine typical daily weight gain, see Appendix A).</li> <li>• Assess daily number of wet diapers and bowel movements (see Appendix B).</li> <li>• For premature and developmentally-delayed infants, consider adjusted age.</li> <li>• Review relevant, age-appropriate feeding guidelines (see Appendices). Consider: <ul data-bbox="489 1024 1556 1256" style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency, especially regarding formula.</li> <li>- parent's awareness of hunger/satiety cues; waking a sleepy infant for feedings.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417).</li> <li>- inappropriate feeding practices. Practices such as using infant feeders, putting cereal in the bottle, and giving excess juice can interfere with the adequate intake of appropriate nutrient-dense foods (see risk code 411).</li> <li>- progression to appropriate foods and feeding stages only when developmentally ready.</li> </ul> </li> </ul> <p data-bbox="426 1292 821 1320"><b>***Making the Connection***</b></p> <p data-bbox="453 1328 1493 1419"><i>Ask parent what concerns she has about infant's eating habits, food intake or growth. Ask the parent how feeding times are for her and her baby (easy, fun, difficult, trying, etc).</i></p>	<p data-bbox="1593 228 1976 358"><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 391 1944 451"><b>Refer to doctor or clinic and ECI (1-800-250-2246) if:</b></p> <ul data-bbox="1598 461 1976 623" style="list-style-type: none"> <li>• infant seems unable to eat age-appropriate solid food.</li> <li>• infant shows delays in eating skills.</li> <li>• infant has feeding problems.</li> </ul> <p data-bbox="1593 656 1730 683"><b>Resources:</b></p> <ul data-bbox="1598 691 1976 1471" style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Common Infant Problems (Birth through 1 year) What about Colic? [13-120, 13-120(a)]</li> <li>• Common Infant Problems (Birth through 1 year) What about Crying? [13-122, 13-122(a)]</li> <li>• Common Infant Problems (Birth through 1 year) What about Diarrhea? [13-123, 13-123(a)]</li> <li>• Common Infant Problems (Birth through 1 year) What about Constipation? [13-121, 13-121(a)]</li> <li>• WIC For You: Take Care and Beware, Vol. 6/No. 1</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>411 (cont'd)</b>  <b>Inappropriate Infant Feeding Practices</b></p> <p>Infant not fed breastmilk or iron-fortified formula as primary source of nutrients during first 6 months of life and as primary fluid consumed during the second 6 months of life.</p> <p>(Includes infants prescribed low-iron formula without iron supplementation.)</p>	<p><b>Counseling Topics and Considerations (Infant not fed breastmilk or iron-fortified formula as primary fluid):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• During the first six months, breastmilk and/or iron-fortified infant formula are recommended as the primary sources of nutrients. During the second six months, breastmilk and/or iron-fortified infant formula are recommended as the primary fluids (instead of juice, water, etc).</li> <li>• Breastmilk and/or iron-fortified formula contain the proper amounts and balance of nutrients necessary to promote proper growth and development.</li> <li>• Low-iron infant formula is not appropriate for infants except in the cases of vitamin E hemolytic anemia, thalassemia major, or other rare disorders.</li> </ul> <p><b>***Making the Connection***</b>  <i>Ask parent what concerns she has about infant's eating habits, food intake or growth.</i></p>	<p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Formula Resource Book</i> [13-174]</li> <li>• Nutrition Fact Sheet, No. 5, Lactose Intolerance</li> <li>• Nutrition Fact Sheet, No. 11, Iron Deficiency</li> <li>• Nutrition Fact Sheet, No. 14, Constipation in Infancy and Childhood</li> <li>• Nutrition Fact Sheet, No. 15, Diarrhea in Infancy and Early Childhood</li> <li>• Nutrition Fact Sheet, No. 16, Weaning from the Bottle – How to Handle Both the Typical and the Slow-to-Wean Child</li> <li>• Appendices</li> </ul>
<p>Feeding goat's milk, sheep's milk, imitation milks, or substitute milks in place of breastmilk or FDA-approved infant formula during the first year of life.</p> <p><i>(code 411 continues on next page)</i></p>	<p><b>Counseling Topics and Considerations (Feeding goat's milk, sheep's milk, imitation milks, or substitute milks):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Goat's milk, sheep's milk, imitation milks, or substitute milks do not contain nutrients in amounts appropriate for infants. Infants who drink these milks are at risk for anemia, gastrointestinal bleeding, stress on the kidneys, allergic reactions, and deficiencies in iron, folate, and vitamins C and D.</li> <li>• Stress the importance of having a doctor diagnose food allergies/intolerances, especially if parents are restricting food(s) because of their own food allergies or intolerances.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent what concerns she has about infant's eating habits, food intake or growth.</i></p>	





Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>411 (cont'd)</b>  <b>Inappropriate Infant Feeding Practices</b></p> <p>Not using a spoon to introduce and feed early solids.</p> <ul style="list-style-type: none"> <li>• Feeding solids in a bottle (including enlarging the nipple to accommodate thickened liquid).</li> <li>• Using syringe-action nipple feeder.</li> </ul> <p><i>(code 411 continues on next page)</i></p>	<p><b>Counseling Topics and Considerations (Not using a spoon to introduce solids; feeding solids from a bottle, infant feeder or syringe-type feeder):</b></p> <ul style="list-style-type: none"> <li>• Feeding solid foods in a bottle, infant feeder or syringe-type feeder are all inappropriate practices. These practices: <ul style="list-style-type: none"> <li>- can interfere with the adequate intake of breastmilk and/or formula.</li> <li>- increase the risk of choking, since the slurry is quickly pushed or sucked out.</li> <li>- don't offer the infant the opportunity to learn to eat from a spoon.</li> </ul> </li> <li>• Parents often use inappropriate feeding methods because they're introducing solids too early, before the baby is developmentally ready. If this is the case, try to determine and address why parents want to offer solids so early (see risk code 412).</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Emphasize developmental cues for starting solid foods using a spoon (sits up with help, opens mouth for spoon, keeps most of cereal in mouth, pulls in lips as spoon is removed from mouth, turns head away when full).</li> <li>• Once an infant displays signs of readiness, feeding solids with a spoon is important to help infant mature and develop new feeding skills.</li> <li>• Making a mess is part of practicing and learning new skills. Allowing an infant to practice eating with a spoon encourages the development of new feeding skills.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent what concerns she has about infant's eating habits, food intake or growth. Ask the parent how feeding times are for her and her baby (easy, fun, difficult, trying, etc). Ask parent which of the developmental cues listed above she has noticed her infant exhibiting.</i></p>	<p>See referral information and resources listed above for risk code 411.</p>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>411 (cont'd)</b>  <b>Inappropriate Infant Feeding Practices</b></p> <p>Inappropriate, infrequent or highly restrictive feeding schedule or forcing an infant to eat a certain type and/or amount of food.</p>	<p><b>Counseling Topics and Considerations (Inappropriate, infrequent or highly restrictive feeding schedule or forcing an infant to eat a certain type and/or amount of food):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what the parent is doing right with infant's diet.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Emphasize hunger cues (rooting, sucking on hand or lips, etc.) and satiety cues (turning head away, pushing nipple or spoon out of mouth, shaking head, etc.).</li> <li>• If breastfeeding, review nursing schedule and discuss feeding on demand rather than following a rigid schedule.</li> <li>• Infants are born with a natural ability to regulate their own food intake based on hunger, appetite and satiety. Consistently trying to control an infant's food intake or timing of feedings may disrupt an infant's ability to control their own food intake. It can also lead to overfeeding or underfeeding.</li> <li>• Other than breastmilk and iron-fortified formula, there's no single food absolutely necessary for an infant's proper growth and development. What's more, foods from the same food group generally provide similar nutrients. So the key is to feed an infant a variety of age-appropriate foods.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent which of the developmental cues listed above she has noticed her infant exhibiting. Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p>See referral information and resources listed above for risk code 411.</p>
<p>Feeding any amount of honey to infant under 1 year of age.</p>	<p><b>Counseling Topics and Considerations (Feeding honey to infant under 1 year of age):</b></p> <ul style="list-style-type: none"> <li>• Honey should never be given to an infant. Honey can contain botulism spores. Botulism is a food-borne illness that can be fatal to infants.</li> <li>• Infants do not need to have their food sweetened.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p>See referral information and resources listed above for risk code 411.</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>412</b> <b>Early Introduction of Solids</b></p> <p><i>(code 412 continues on next page)</i></p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity (parent not considering adjusted age or not waiting for signs of developmental readiness)</li> <li>• low birth weight</li> <li>• inaccurate formula dilution</li> <li>• belief that solids foods will help infant sleep through the night</li> <li>• feeding/breastfeeding problems</li> <li>• parent is misinformed</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Emphasize developmental cues for starting solid foods (sits up with help, opens mouth for spoon, keeps most of cereal in mouth, pulls in lips as spoon is removed from mouth, etc.). Infant should progress to appropriate feeding stages only when developmentally ready.</li> <li>• For premature and developmentally-delayed infants, consider adjusted age and developmental readiness.</li> <li>• Introducing solid foods too early can lead to food allergies, since an infant's digestive tract needs time to mature.</li> <li>• Determine if parent is using inappropriate feeding practices (infant feeders, cereal in the bottle, etc.). These practices can interfere with the adequate intake of breastmilk and/or formula, lead to an over-consumption of calories, plus, since the slurry is quickly pushed or sucked out, there's an increased risk of choking.</li> <li>• Some parents give solids early hoping it will help their infant to sleep through the night. There's no solid evidence to support this idea. Explain that it's normal for young infants to wake for feedings during the night, as their stomachs are still very small. As they get older, most will gradually sleep longer at night.</li> <li>• Some parents offer solids early because they feel their baby is "always hungry." Explain that breastmilk and/or iron-fortified infant formula are calorie-dense, and that it's normal for young infants to feed often as their stomachs are still very small. Also explain that their baby has the natural ability to regulate intake based on hunger, appetite and satiety.</li> <li>• Some parents may offer solids early in an effort to help a smaller infant grow. However, giving solids too early can interfere with the adequate intake of breastmilk and/or formula and possibly hinder growth. Explain that breastmilk and/or iron-fortified infant formula are calorie-dense and offer all the nutrients their baby needs.</li> </ul>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>412 (cont'd)</b>  <b>Early Introduction of Solids</b></p>	<ul style="list-style-type: none"> <li>• Review other age-appropriate feeding guidelines (see Appendices). Consider: <ul style="list-style-type: none"> <li>- foods, amounts and feeding/breastfeeding frequency.</li> <li>- parent's awareness of hunger and satiety cues.</li> <li>- proper formula dilution and sanitary formula preparation (see risk code 417 ).</li> </ul> </li> <li>• Address specific breastfeeding problems/concerns using the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i>.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent which of the developmental cues she has seen her infant exhibit. Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are for her and her baby, easy, fun, difficult, trying, etc.</i></p>	

<b>Topic/Risk Condition</b>	<b>Counseling Information</b>	<b>Referral Information and Resources</b>
<p><b>413</b> <b>Feeding Cow's Milk During First 12 Months</b></p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• insufficient resources for food/formula</li> <li>• formula intolerance</li> <li>• feeding/breastfeeding problems</li> <li>• parent misinformed</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Breastmilk and/or iron-fortified infant formula should be the primary liquid given to an infant under 1 year of age.</li> <li>• Breastmilk and formula contain the proper balance of nutrients that infants need for proper growth and development.</li> <li>• Cow's milk does not contain nutrients in amounts appropriate for infants and can cause gastrointestinal bleeding, stress on the kidneys and allergic reactions. Cow's milk is a poor source of iron. Iron is a mineral that infants need to assure proper growth and development, especially brain development.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b>  <i>Formula Resource Book</i>, [13-174]</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>414</b>  <b>No Dependable Source of Iron at 6 Months or Later</b></p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• infant is unable to tolerate standard formulas</li> <li>• prematurity</li> <li>• chronic medical conditions</li> <li>• parent misinformed or following a fad diet</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce the importance of iron. Iron is a mineral that infants need to assure proper growth and development, especially brain development.</li> <li>• Reinforce what parent is doing right.</li> <li>• An adequate iron intake is important for all infants. Infants with an inadequate iron intake are at risk for cognitive and psychomotor impairment, decreased immune function, apathy, short attention span and irritability.</li> <li>• Review sources of iron: <ul style="list-style-type: none"> <li>- iron-fortified formula</li> <li>- iron-fortified cereal (when developmentally ready, usually between 4 to 6 months)</li> <li>- mashed or strained meats, mashed beans and mashed tofu (when developmentally ready, usually between 6 to 8 months of age)</li> <li>- an oral iron supplement prescribed by a physician</li> </ul> </li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.). Help parent identify age-appropriate, iron-rich foods that the infant likes.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Formula Resource Book</i> [13-174]</li> <li>• Nutrition Fact Sheet No. 11, Iron Deficiency</li> </ul>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>415 Improper Dilution of Formula</b></p>	<p><i>Note: If parent is mentally or physically incapable of properly mixing formula, issue ready-to-feed formula. Document the reason in the participant's chart.</i></p> <p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• insufficient resources for food/formula</li> <li>• parents inability to read and/or follow directions</li> <li>• recent illness</li> <li>• feeding problems</li> <li>• physician has ordered alternate mixing instructions</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review formula mixing instructions.</li> <li>• If physician has given alternate mixing instructions, verify instructions and parent's understanding.</li> <li>• Verify that parent is using the proper scoop for powdered formula.</li> <li>• Formula must be properly diluted to supply the correct balance of nutrients for infants and maintain proper growth and development.</li> <li>• Adding too much water to formula (overdiluting) can cause water intoxication, irritability, coma, inadequate nutrient intake, failure to thrive and poor growth.</li> <li>• Adding too little water to formula (underdiluting) can cause kidney stress, hypernatremia (excess levels of sodium in the blood), tetany (muscle contractions and muscle spasms), obesity, dehydration and metabolic acidosis.</li> </ul> <p><b>***Making the connection***</b></p> <p><i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to Food Stamps, Food Pantry, etc. if:</b> insufficient food or resources for food.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• See handout attached to NE Lesson IF-000-13, Formula Preparation.</li> <li>• Review instructions on can of formula.</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="121 228 394 358"><b>416 Feeding Other Foods Low in Essential Nutrients</b></p> <p data-bbox="121 472 394 667">feeding colas, fruit drinks, fruit punch and other sweetened beverages, or feeding excessive amount of juice</p> <p data-bbox="121 1008 394 1170">feeding candy, desserts or high-sugar foods or adding sugar, corn syrup, or salt to formula or food</p> <p data-bbox="155 1471 361 1523"><i>(code 416 continues on next page)</i></p>	<p data-bbox="428 228 1136 256"><b>Review Health History and Diet for Contributing Factors:</b></p> <ul data-bbox="449 264 1108 435" style="list-style-type: none"> <li>• insufficient resources for food/formula</li> <li>• infant has a history of formula and /or food intolerance</li> <li>• feeding problems</li> <li>• diarrhea and/or constipation</li> <li>• parent is misinformed</li> </ul> <p data-bbox="428 467 1499 529"><b>Counseling Topics and Considerations (feeding colas, fruit drinks, fruit punch and other sweetened beverages):</b></p> <ul data-bbox="449 537 1562 837" style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Infants need nutrient-dense foods for proper growth. Giving beverages low in essential nutrients can reduce an infant's intake of appropriate nutrient-dense foods, cause anemia and poor growth, and lead to tooth decay.</li> <li>• Limit juice to no more than 4 ounces per day for infants who are developmentally ready to drink from a cup. Juice should be only one small part of an infant's diet.</li> <li>• If needed, refer to "Diarrhea" and "Constipation" in "Other Topics" portion of this Counseling Guide.</li> </ul> <p data-bbox="428 870 814 898"><b>***Making the connection***</b></p> <p data-bbox="449 906 1486 967"><i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p> <p data-bbox="428 1000 1478 1062"><b>Counseling Topics and Considerations (feeding candy, desserts or high-sugar foods or adding sugar, corn syrup, or salt to formula or food):</b></p> <ul data-bbox="449 1070 1562 1406" style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Infants need nutrient-dense foods for proper growth. Giving foods like candy or desserts that are low in essential nutrients can reduce an infant's intake of appropriate nutrient-dense foods and cause anemia, poor growth and tooth decay.</li> <li>• Salt, sugar and/or corn syrup should not be added to an infant's formula or food. If infant's food is being made from the same food as the rest of the family, separate the infant's portion prior to adding salt, sugar or other spices.</li> <li>• Canned foods with large amounts of added salt, sugar, syrup and/or fat are unsuitable for home preparation of infant food.</li> </ul> <p data-bbox="428 1438 814 1466"><b>***Making the connection***</b></p> <p data-bbox="449 1474 1486 1536"><i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p data-bbox="1596 228 1976 358"><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1596 464 1730 492"><b>Resources:</b></p> <ul data-bbox="1596 500 1976 935" style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Common Infant Problems (birth through 1 year) What about Diarrhea? [13-123, 13-123(a)]</li> <li>• Common Infant Problems (birth through 1 year) What about Constipation? [13-121, 13-121(a)]</li> </ul> <p data-bbox="1596 1040 1797 1068"><b>Staff Resources:</b></p> <ul data-bbox="1596 1076 1976 1308" style="list-style-type: none"> <li>• Nutrition Fact Sheet No. 14, Constipation in Infancy and Childhood</li> <li>• Nutrition Fact Sheet No. 15, Diarrhea in Infancy and Early Childhood</li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>416 (cont'd)</b>  <b>Feeding Other Foods Low in Essential Nutrients</b></p> <p>feeding caffeine-containing foods/beverages</p>	<p><b>Counseling Topics and Considerations (feeding caffeine-containing foods/beverages):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Caffeine-containing foods/beverages include tea, coffee and cola. Intake of these beverages can displace appropriate foods and beverages and cause anemia and poor growth. Infants need nutrient-dense foods for proper growth.</li> <li>• Caffeine is a cerebral, respiratory, cardiac and central nervous system stimulant and is not appropriate for infants, unless prescribed by a physician.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p>See referral information and resources listed above for risk code 416.</p>
<p>feeding excess amounts of water</p>	<p><b>Counseling Topics and Considerations: (feeding excess amounts of water):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Infants need nutrient-dense foods for proper growth. Giving too much water can reduce the intake of appropriate foods leading to anemia and poor growth.</li> <li>• Healthy infants who haven't started solid foods don't need extra water. Breastmilk and/or formula provide all the fluids they need. One possible exception would be a small amount of water in very hot weather (limit to 4–8 oz/day for formula-fed or partially breastfed infants).</li> <li>• After an infant starts solid foods, it's okay to offer small amounts of plain water (4–8 oz/day).</li> <li>• If needed, refer to “Diarrhea” and “Constipation” sections in the “Other Topics” portion of this Counseling Guide (immediately following risk code 903). An infant experiencing diarrhea should be given an electrolyte solution, not plain water.</li> <li>• Infants given excessive amounts of water are at risk for water intoxication. Symptoms include respiratory failure, seizures and convulsions.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p>See referral information and resources listed above for risk code 416.</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>417</b></p> <p><b>Lack of Sanitation in Preparation, Handling and Storage of Formula or Expressed Breastmilk</b></p>	<p><i><b>Note:</b> Issue ready-to-feed formula if parent is mentally or physically incapable of properly mixing formula or if water supply is inadequate or unsafe. Document the reason in participant's chart.</i></p> <p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• homeless</li> <li>• no access to safe water, a stove and/or refrigeration</li> <li>• parent is unable to read, follow or understand preparation and handling instructions</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Inadequate sanitation in preparation, handling and storage of formula or expressed breastmilk can cause diarrhea and dehydration. Review proper procedures below.</li> <li>• Sanitary procedures for <b>formula</b> preparation, handling and storage: <ul style="list-style-type: none"> <li>- Use soap and hot water to wash hands, bottles, nipples, rings and caps.</li> <li>- If infant is less than 3 months old, or if instructed by a physician, boil bottles, nipples, rings and caps in a large pot of water. Boil for five minutes.</li> <li>- Boil water for formula (even bottled water) for one minute and let cool.</li> <li>- Wash the top of the formula can and can opener with soap and water.</li> <li>- Mix formula and water according to instructions on the can. Attach nipple and ring and shake well. Feed immediately.</li> <li>- If making more than one bottle, cover with a cap and refrigerate. Use within 48 hours.</li> <li>- If formula is left at room temperature for more than two hours, it must be discarded.</li> <li>- Discard any formula left in a bottle after a feeding.</li> <li>- Cover opened cans of powdered formula, store in a cool dry place, and use within four weeks. Cover and refrigerate open cans of concentrated formula and use within 48 hours.</li> </ul> </li> <li>• Sanitary procedures for <b>breastmilk</b> handling and storage: <ul style="list-style-type: none"> <li>- Use soap and hot water to wash hands, containers, and pump parts in hot, soapy water.</li> <li>- If infant is less than 3 months old, or if instructed by a physician, boil bottles, nipples, rings and caps in a large pot of water. Boil for five minutes.</li> <li>- Store breastmilk in hard plastic or glass bottle, or strong disposable bags. Store in refrigerator for up to 3 to 5 days, freezer up to 3 to 4 months, or chest freezer up to 6 months.</li> <li>- To thaw frozen breastmilk, shake the bottle/bag gently while holding it under warm water. Do not microwave or boil it. Use thawed breastmilk within 24 hours.</li> </ul> </li> <li>• Caution parent against using microwave to heat or reheat formula or breastmilk. A microwave heats unevenly, resulting in hot spots that can scald an infant's mouth.</li> </ul> <p><b>***Making the connection***</b></p> <p><i>Ask parent to repeat the steps for sanitary formula preparation, handling and /or storage of formula or expressed breastmilk.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to Social Services if homeless or living in inadequate conditions.</b></p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• See handout attached to NE Lesson IF-000-13, Formula Preparation.</li> <li>• Review instructions on can of formula.</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>418</b> <b>Infrequent Breastfeeding as Sole Source of Nutrients</b></p> <p>&lt;8 feedings in 24 hours if less than 2 months of age</p> <p>&lt;6 feedings in 24 hours if 2 months of age or older</p>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• breastfeeding problems</li> <li>• parent is imposing a rigid nursing schedule on the infant</li> <li>• premature or sleepy baby that is not giving overt hunger cues</li> <li>• medical problems (respiratory illness, heart disease, infection)</li> </ul> <p><i>Note: Frequent weight checks may be necessary until appropriate weight gain is achieved.</i></p> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Review age-appropriate feeding guidelines for breastfed infants (see Appendices).</li> <li>• Review information on wet diapers, bowel movements and weight gain (see Appendices A and B).</li> <li>• Emphasize feeding and hunger cues (rooting, sucking on lips or hands, smacking lips, mouth and tongue movements, hand-to-mouth movements). It's best to nurse when an infant shows these early signs of hunger. Infants who are not nursed until they show late signs of hunger (crying) may not nurse as well as those fed earlier.</li> <li>• Some infants are sleepy and must be awakened to nurse. This is frequently the case with newborns and premature infants.</li> <li>• Address any breastfeeding problems that may be interfering with feeding (i.e. sore nipples, cracked nipples, engorgement, etc). Use the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i> to address specific breastfeeding questions.</li> <li>• Newborns should be fed on demand; not put on a rigid schedule (unless they don't give cues of hunger or are sleepy babies; in these cases, scheduled feedings are more warranted).</li> <li>• Infants who are not breastfed frequently enough are at risk for dehydration, poor weight gain and becoming malnourished.</li> </ul> <p><b>***Making the connection***</b></p> <p><i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.). Ask parent which of the cues listed above her infant is exhibiting.</i></p>	<p><b>Refer to doctor or clinic if:</b></p> <ul style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the Health History.</li> <li>• if weight gain is below normal.</li> </ul> <p><b>Refer to lactation consultant if available for breastfeeding problems.</b></p> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Breastfeeding Fact Sheet No. 19, Breastfeeding the Sleepy Infant</li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="121 228 394 326"><b>419 Inappropriate Use of Nursing Bottles</b></p> <p data-bbox="121 509 394 634">Routine use of bottle to feed liquids other than breastmilk, formula or water.</p> <p data-bbox="157 1360 359 1414"><i>(code 419 continues on next page)</i></p>	<p data-bbox="426 228 1136 256"><b>Review Health History and Diet for Contributing Factors:</b></p> <ul data-bbox="453 266 800 472" style="list-style-type: none"> <li>• prematurity</li> <li>• low birth weight</li> <li>• developmental delay</li> <li>• chronic health problems</li> <li>• oral motor feeding problems</li> <li>• parent misinformed</li> </ul> <p data-bbox="426 509 1467 574"><b>Counseling Topics and Considerations (routine use of bottle to feed liquids other than breastmilk, formula or water):</b></p> <ul data-bbox="453 581 1545 954" style="list-style-type: none"> <li>• Reinforce what the parent is doing right with infant's diet.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• The bottle should only be used to give infant breastmilk, formula and/or water.</li> <li>• Juice should not be introduced until an infant can drink from a cup. Offer juice only in a cup, and limit juice to no more than 4 ounces per day for infants. Too much juice can lead to diarrhea, anemia, and inadequate growth and development.</li> <li>• Infants need nutrient-dense foods for proper growth. Giving liquids low in essential nutrients can interfere with adequate intake of appropriate, nutrient-dense foods and cause anemia and poor growth.</li> <li>• Routinely giving excessive amounts of juice or other sugar-containing beverages in any kind of bottle or cup can lead to tooth decay.</li> </ul> <p data-bbox="426 992 814 1019"><b>***Making the connection***</b></p> <p data-bbox="453 1027 1503 1117"><i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are for her and her baby (easy, fun, difficult, trying, etc.) Ask parent which of the tips, discussed during counseling, she would be willing to try.</i></p>	<p data-bbox="1593 228 1923 256"><b>Refer to dentist or clinic if:</b></p> <ul data-bbox="1600 266 1976 634" style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the Health History.</li> <li>• infant has visible tooth decay, or parent reports infant tooth decay.</li> <li>• infant seems unable to eat age-appropriate solid food.</li> <li>• infant shows delays in eating skills.</li> <li>• infant has feeding problems.</li> </ul> <p data-bbox="1593 711 1976 836"><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p data-bbox="1593 912 1728 940"><b>Resources:</b></p> <ul data-bbox="1600 950 1976 1075" style="list-style-type: none"> <li>• Weaning Your Baby From the Bottle [13-170, 13-170 (a)]</li> <li>• Healthy Teeth for a Healthy Smile [13-89, 13-89(a)]</li> </ul> <p data-bbox="1593 1118 1793 1146"><b>Staff Resources:</b></p> <ul data-bbox="1600 1156 1976 1349" style="list-style-type: none"> <li>• Nutrition Fact Sheet No. 16, Weaning From the Bottle – How To Handle Both the Typical and the Slow-to-Wean Child</li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>419 (cont'd)</b> <b>Inappropriate Use of Nursing Bottles</b></p> <p>Allowing the infant to fall asleep at naps or bedtime with the bottle</p> <p>Allowing the infant to use the bottle without restriction or as a pacifier</p> <p>Propping the bottle</p>	<p><b>Counseling Topics and Considerations (allowing the infant to fall asleep with the bottle):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what the parent is doing right with infant's diet.</li> <li>• Don't put a baby to bed with a bottle. If the baby needs a bottle to fall asleep, fill it with plain water. Comfort the baby by holding or rocking, singing, reading a story or offering a soft toy.</li> <li>• Putting an infant to bed with a bottle can cause tooth decay and ear infections and increase the risk of choking.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are for her and her baby (easy, fun, difficult, trying, etc.) Ask parent which of the tips, discussed during counseling, she would be willing to try.</i></p>	<p>See referral information and resources listed above for risk code 416.</p> <p>See referral information and resources listed above for risk code 416.</p> <p>See referral information and resources listed above for risk code 416.</p>
	<p><b>Counseling Topics and Considerations (allowing the infant to use the bottle as a pacifier):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what the parent is doing right with infant's diet.</li> <li>• Babies who crawl or walk around with the bottle or use the bottle as a pacifier are likely to consume an excess amount of liquid, which can interfere with adequate intake of appropriate, nutrient-dense foods, and are at a higher risk for tooth decay.</li> <li>• Instead of the bottle, offer comfort by holding or rocking, singing, reading a story or offering a soft toy.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.). Ask parent which of the tips, discussed during counseling, she would be willing to try.</i></p>	
	<p><b>Counseling Topics and Considerations (propping the bottle):</b></p> <ul style="list-style-type: none"> <li>• Reinforce what the parent is doing right with infant's diet.</li> <li>• Infants need to be held when they are given a bottle. This contact makes infants feel secure.</li> <li>• Propping the bottle can cause tooth decay, ear infections and choking.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.). Ask parent which of the tips, discussed during counseling, she would be willing to try.</i></p>	

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>423</b></p> <p><b>Inappropriate or Excessive Intake of Dietary Supplements</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• vitamins</li> <li>• minerals</li> <li>• herbal remedies</li> </ul>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• feeding/breastfeeding problems</li> <li>• gastrointestinal problems, colic or constipation</li> <li>• parent misinformed</li> </ul> <p><b>Counseling Topics &amp; Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what the parent is doing right with infant's diet.</li> <li>• If a physician has prescribed a vitamin or mineral supplement for the infant, verify that parent is clear about the dosage and how to measure it. Parent/caregiver should only give infant the amount prescribed/recommended by doctor.</li> <li>• Encourage participant to check with a doctor before giving any type of dietary supplement.</li> <li>• Some cultures commonly use herbal teas to treat colic or gastrointestinal problems. WIC does not generally recommend this practice, since there are a number of issues/cautions related to using herbal teas. For more information, refer to Nutrition Fact Sheet No. 9, Herbal Teas.</li> <li>• The Food and Drug Administration does not regulate or approve herbal preparations and over-the-counter vitamin/mineral supplements before they are marketed and sold to consumers. Some supplements can be toxic and can cause harmful nutrient and/or drug interactions.</li> <li>• If needed, refer to "Colic" and "Constipation" sections in the "Other Topics" portion of this Counseling Guide (immediately following risk code 903).</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Staff Resources:</b>  Nutrition Fact Sheet, Herbal Teas, No. 9</p>
<p><b>424</b></p> <p><b>Inadequate Vitamin/Mineral Supplementation</b></p> <p>Infants 6 months or older not taking 0.25 mg fluoride when water supply has less than 0.3 ppm fluoride.</p>	<p><b>Inadequate Vitamin/Mineral Supplementation</b></p> <ul style="list-style-type: none"> <li>• If the water supply contains &lt;0.3 ppm of fluoride and the infant is 6 months old or older, a fluoride supplement is recommended. Refer to a doctor or dentist for supplementation.</li> <li>• If bottled water is the primary water source for the infant (including water used to mix formula), refer to physician or dentist to determine if fluoride supplementation is necessary. Bottled water may contain either too much or too little fluoride.</li> <li>• Generally, infant formulas do not contain fluoride.</li> <li>• If a physician or dentist has prescribed a vitamin or mineral supplement for the infant, verify that parent is clear about the dosage and how to measure it. Parent/caregiver should only give infant the amount prescribed/recommended by doctor.</li> <li>• Infants who do not receive adequate fluoride are at risk for tooth decay.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to dentist if:</b> bottled water is infant's sole source of water.</p> <p><b>Staff Resources:</b>  Nutrition Fact Sheet No. 20, Bottled Water and Infant Formula</p>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>502</b> <b>Transfer of Certification</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines, including feeding/breastfeeding frequency, amounts and types of foods (see Appendices).</li> <li>• Review growth chart.</li> </ul> <p><b>***Making the connection***</b> <i>Ask the parent what concerns or questions she has about feeding her infant.</i></p>	<p><b>Refer to doctor or clinic if:</b> <i>infant is not under regular medical care, as indicated on the Health History.</i></p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food for Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Appendices</li> </ul>
<p><b>603</b> <b>Infant Breastfeeding Complications or Potential Complications</b></p> <ul style="list-style-type: none"> <li>• jaundice</li> <li>• weak or ineffective suck</li> <li>• difficulty latching on to mother's breast</li> <li>• less than 6 wet diapers/day</li> <li>• inadequate stooling (as determined by physician or other health care provider)</li> </ul>	<p><b>Review Health History and Diet for Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• prematurity</li> <li>• low birth weight</li> <li>• recent illness</li> <li>• developmental delay</li> <li>• anatomical anomalies (cleft lip/palate, short frenulum, etc)</li> </ul> <p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Use the <i>Breastfeeding Kardex Counseling Guide</i> and <i>The Breastfeeding Answerbook</i> for information on specific breastfeeding problems or complications.</li> <li>• Breastfeeding problems can lead to inadequate intake, inadequate weight gain, dehydration and/or failure to thrive.</li> </ul> <p><b>***Making the connection***</b> <i>Ask the parent what concerns or questions she has about feeding her infant. Ask the parent how feeding times are with the baby (easy, fun, difficult, trying, etc.).</i></p>	<p><b>Refer to a doctor if weight gain is below normal.</b></p> <p><b>Refer to lactation consultant for breastfeeding problems.</b></p> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b> An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)]</p> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>701</b> <b>Infant Up to 6 Months Old of WIC Mother</b></p> <p><b>702</b> <b>Breastfeeding Infant of Woman at Nutritional Risk</b></p> <p><b>703</b> <b>Infant of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy</b></p> <p><b>704</b> <b>Infant Up to 6 Months of a Woman Who Would Have Been Eligible During Pregnancy</b></p>	<p><b>Counseling Topics and Considerations</b> <b>For Risk Codes 701, 702, 703, and 704:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines, including feeding/breastfeeding frequency, amounts and types of foods (see Appendices).</li> <li>• Use the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i> to address specific breastfeeding problems/concerns.</li> <li>• Review growth chart.</li> </ul> <p><b>***Making the connection***</b> <i>Ask the parent what concerns or questions she has about feeding her infant.</i></p>	<p><b>Refer to doctor or clinic if:</b> infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>For code 703, refer to Social Services:</b> if deemed appropriate.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>801 Homelessness</b></p> <p><b>802 Migrancy</b></p>	<p><b>Counseling Topics and Considerations for Risk Codes 801, 802:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent is doing right.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Use the <i>Breastfeeding Kardex</i> or <i>The Breastfeeding Answerbook</i> to address specific breastfeeding problems/concerns.</li> <li>• Review growth chart.</li> <li>• If participant does not have access to an approved water source, ready-to-use formula can be issued. If the participant doesn't have access to a working stove to boil water for formula, ready-to-use formula can be issued.</li> <li>• Infants that qualify for this risk code are at increased risk for infant mortality, malnutrition and parasitic disease.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the parent what concerns or questions she has about feeding her infant.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding Kardex</i></li> <li>• <i>LLL Breastfeeding Answerbook</i></li> <li>• Appendices</li> </ul>
<p><b>901 Recipient of Child Abuse/Neglect within Past 6 Months</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent/caregiver is doing right with infant's diet.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Review growth chart.</li> <li>• Infants that qualify for this risk code are at risk for nutritional neglect, failure to thrive and poor growth.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the caregiver what concerns or questions she has about feeding the infant.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Refer to Child Protective Services, 1-800-252-5400.</b></p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b>  Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>902</b>  <b>Infant of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</b></p> <ul style="list-style-type: none"> <li>• 17 years or younger</li> <li>• Mentally disabled or delayed, or mental illness such as clinical or postpartum depression</li> <li>• Physical disability which restricts or limits ability to prepare food</li> <li>• Current or previous use/abuse of alcohol or other drugs</li> </ul>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent/caregiver is doing right with infant's diet. It is very important to be sensitive, encouraging and non-judgemental toward teens. Teen parents often face many special stresses.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Review growth chart.</li> <li>• Infants that qualify for this risk code are at risk for nutritional neglect, failure to thrive and poor growth.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask the caregiver what concerns or questions she has about feeding the infant.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b>  Appendices</p>
<p><b>903</b>  <b>Foster Care</b>  During previous 6 months</p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Reinforce what parent/caregiver is doing right with infant's diet.</li> <li>• Review age-appropriate feeding guidelines (see Appendices).</li> <li>• Review growth chart.</li> <li>• Infants in foster care have higher rates of chronic medical conditions that can be avoided or minimized by providing adequate nutrition.</li> </ul> <p><b>***Making the connection***</b>  <i>Ask caregiver what concerns or questions she has about feeding the infant.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> </ul> <p><b>Staff Resources:</b>  Appendices</p>

<b>Topic/Risk Condition</b>	<b>Counseling Information</b>	<b>Referral Information and Resources</b>
<p><b>Other Topics:</b> <b>Colic</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Explain that the cause of colic is not known. Babies with colic tend to have long periods of sudden, unexplained crying that won't stop. Colic usually starts during the first three weeks of life and continues for three or four months. Note: this definition applies to healthy infants.</li> <li>• Reinforce what parent is doing right. Parents with colicky babies often feel very stressed, frustrated and even angry. Emphasize to parents that they should never shake a baby.</li> <li>• There is no cure for colic, but you can suggest strategies for dealing with colic. Parents should remain calm and try these tips: <ul style="list-style-type: none"> <li>- First, rule out other reasons for crying (dirty diaper, unfastened safety pins, etc.).</li> <li>- Calm baby by playing soothing music or talking quietly to baby.</li> <li>- Burp baby during and after feedings.</li> <li>- Hold baby upright during and after feedings.</li> <li>- Hold baby over shoulder or lay baby, tummy down, across lap.</li> <li>- Gently pat or rub baby's back.</li> <li>- Wrap baby snugly in a blanket.</li> <li>- Offer a pacifier or additional time at the breast.</li> <li>- Take baby for a car ride or a brisk walk outside in a stroller.</li> </ul> </li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent to come up with one or two strategies for dealing with colic.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Common Infant Problems (birth through 1 year) What about Colic? [13-120, 13-120(a)]</li> </ul>
<p><b>Other Topics:</b> <b>Crying</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Hunger is only one reason an infant may cry. Infants may cry for a variety of reasons. Because crying may be a distress signal, it is important to respond to it quickly.</li> <li>• What to do if infant is crying: <ul style="list-style-type: none"> <li>- Check to see if infant needs to eat. If baby completed a full feeding within the last hour, check for causes of crying other than hunger. If baby is still crying, offer another feeding.</li> <li>- Change wet or dirty diaper.</li> <li>- Change baby's position in bed or in carrier. She may be uncomfortable.</li> <li>- Remove or add clothes or blankets to make baby more comfortable.</li> <li>- Hold, rock, play with, touch baby. Play music, sing, talk or read to baby.</li> <li>- Hold baby over shoulder or lay baby, tummy down, across lap.</li> <li>- Take baby outside or take baby for a walk in a stroller.</li> <li>- Check for red marks or scratches. Check to see if fingernails need to be clipped. Check safety pins and fasteners.</li> </ul> </li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent to come up with one or two strategies for dealing with crying.</i></p>	<p><b>Refer to doctor or clinic if:</b>  infant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Common Infant Problems (birth through 1 year) What about Colic? [13-120, 13-120(a)]</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>Other Topics:</b> <b>Diarrhea</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Diarrhea is an increase in the water content and the number of bowel movements compared to an infant's normal bowel habits.</li> <li>• Diarrhea needs to be treated promptly in infants, because it can quickly lead to dehydration.</li> <li>• Preventative measures: <ul style="list-style-type: none"> <li>- Breastfeed the infant.</li> <li>- Wash hands before preparing meals and feeding infant, and after using the toilet, changing diapers, sneezing or coughing.</li> <li>- Boil bottles, equipment and water or formula for babies 3 months or younger. Refrigerate open cans of formula; throw away any formula/breastmilk left in the bottle after a feeding.</li> </ul> </li> <li>• What to do if infant has diarrhea: <ul style="list-style-type: none"> <li>- Give electrolyte solutions (Pedialyte®, Infalyte®, Pediatric Electrolyte®, Kao Lectrolyte®).</li> <li>- Continue to feed infant formula and/or breastmilk. If infant is 6 months or older, offer small portions of infant rice cereal, mashed noodles, and mashed bananas.</li> <li>- Do not give sugary drinks such as sodas, sports drinks, fruit drinks or juice.</li> </ul> </li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent to come up with one or two strategies for dealing with diarrhea.</i></p>	<p><b>Refer to doctor or clinic if infant has any of the following problems:</b></p> <ul style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the Health History.</li> <li>• blood, mucous or pus in the diaper/stool or black stools after 4 days of age.</li> <li>• fever above 99 degrees F.</li> <li>• 3 or more watery stools in 24 hours.</li> <li>• dry, sunken eyes or dry mouth or tongue.</li> <li>• refuses to take breast or bottle.</li> <li>• seem cold, listless, floppy or won't wake up.</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Common Infant Problems (birth through 1 year) What about Diarrhea? [13-123, 13-123(a)]</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>Other Topics: Constipation</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Constipation is defined as stools that are hard, dry and difficult to pass. The infant may be fussy, pass stools that have blood in them, or may have rectal bleeding.</li> <li>• Causes of constipation: <ul style="list-style-type: none"> <li>- changing formula or beginning solid foods</li> <li>- underdiluted formula</li> <li>- feeding cereal to an infant less than 4 months of age</li> <li>- fluid loss due to vomiting or fever</li> <li>- side effects of certain medications</li> </ul> </li> <li>• What to do if infant is constipated: <ul style="list-style-type: none"> <li>- Breastfeed.</li> <li>- Mix formula according to directions.</li> <li>- Wait to feed infant cereal until infant is at least 4 months of age.</li> <li>- If infant is 6 months or older, feed more fruits and vegetables.</li> <li>- Increase activity by moving baby's legs in a bicycle fashion.</li> <li>- Do not give medication, unless advised by a doctor.</li> <li>- Do not give honey or low-iron formula.</li> </ul> </li> </ul> <p><b>***Making the connection***</b>  <i>Ask parent to come up with one or two strategies for dealing with constipation.</i></p>	<p><b>Refer to doctor or clinic if infant has any of the following problems:</b></p> <ul style="list-style-type: none"> <li>• if all listed remedies have been tried and have been unsuccessful.</li> <li>• infant is not under regular medical care, as indicated on the Health History.</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Let's Eat [13-168, 13-168(a)]</li> <li>• Food For Your Baby's First Year [13-61, 13-61(a)]</li> <li>• Four to Six Months, Cereal [13-76]</li> <li>• Common Infant Problems (birth through 1 year) What about Constipation? [13-121, 13-121(a)]</li> </ul>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p><b>Other Topics:</b> <b>Weaning from the bottle</b></p>	<p><b>Counseling Topics and Considerations:</b></p> <ul style="list-style-type: none"> <li>• Weaning from the bottle is a gradual process that starts when infant is developmentally ready to start solids (about 4 to 6 months) and ends when the infant is off the bottle (around 12 to 14 months).</li> <li>• Only put breastmilk, formula or water into a bottle.</li> <li>• Start the weaning process when infant is healthy.</li> <li>• Be consistent and continue until weaning is complete.</li> <li>• Involve all caregivers, include all family members and childcare providers.</li> <li>• At about 6 months of age, begin to offer the baby a little breastmilk, formula, water or juice in a cup.</li> <li>• Replace baby's least-favorite bottle feeding with the cup when he is about 9 or 10 months old. For the next few months, replace one bottle at a time with a cup. Replace the favorite feeding last.</li> <li>• Comfort infant at bedtime by rocking, singing, reading or giving a soft toy.</li> <li>• Avoid constant exposure to liquids containing sugar, regardless of the container. Many infant cups (Sippy cups, Tippy cups, etc.) have non-spill lids with spouts, making them easy to carry around and drink from throughout the day, thus increasing the risk of tooth decay.</li> </ul> <p><b>Infants with Special Health-Care Needs</b> An infant who cannot wean from the bottle due to an inability to drink from the cup or eat solid foods requires further referrals. Ensure that the infant is being followed by a physician and refer to Registered Dietitian, if available, for high-risk counseling, and to the local Early Childhood Intervention Program (ECI) for evaluation.</p> <p><b>***Making the connection***</b> <i>Ask parent to come up with one or two strategies for starting the weaning process.</i></p>	<p><b>Refer to dentist or clinic if:</b></p> <ul style="list-style-type: none"> <li>• infant is not under regular medical care, as indicated on the Health History.</li> <li>• infant has visible tooth decay, parent reports tooth decay</li> <li>• infant seems unable to eat age-appropriate solid food</li> <li>• infant shows delays in eating skills</li> <li>• infant has feeding problems</li> </ul> <p><b>Refer to ECI (1-800-250-2246) if:</b> infant is developmentally delayed or has a disability (see risk code 362).</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Weaning Your Baby From the Bottle [13-170, 13-170 (a)]</li> <li>• Healthy Teeth for a Healthy Smile [13-89, 13-89(a)]</li> </ul> <p><b>Staff Resources:</b></p> <ul style="list-style-type: none"> <li>• Nutrition Fact Sheet, No. 16, Weaning from the Bottle – How to Handle Both the Typical and the Slow-to-Wean Child</li> <li>• WIC Policy CR 07.</li> </ul>



<b>Topic/Risk Condition</b>	<b>Counseling Information</b>	<b>Referral Information and Resources</b>
<p><b>Other Topics:</b>  <b>Making Baby Food at Home</b></p>	<p><b>Fruits and Vegetables</b></p> <ul style="list-style-type: none"> <li>• Choose fresh and frozen fruits and vegetables over canned products. If canned products are used, choose items without added salt or syrup and those canned in their own juice.</li> <li>• Wash fresh fruits and vegetables and remove seeds, pits and skin.</li> <li>• When cooking is needed, either boil in a small amount of water, steam or microwave until tender enough to mash or puree.</li> </ul> <p><b>Meat</b></p> <ul style="list-style-type: none"> <li>• Due to their high salt and/or fat content, hot dogs, sausage, bacon, bologna, salami, luncheon meats and fried animal products are not recommended for infants.</li> <li>• Thaw frozen meats in the refrigerator or microwave. Thawing meat at room temperature on a kitchen counter encourages bacterial growth.</li> <li>• Remove fat, skin and bones prior to cooking. Cook meat, poultry and fish thoroughly.</li> </ul> <p><b>General Preparation Tips:</b></p> <ul style="list-style-type: none"> <li>• Wash hand before preparing baby food.</li> <li>• Use clean cutting boards, utensils and containers.</li> <li>• Prepare food with a texture appropriate for the infant's developmental stage: <ul style="list-style-type: none"> <li>- 4 to 6 months old: purée foods in a food processor, blender or baby food grinder.</li> <li>- 6 to 8 months old: mash foods with a fork or potato masher.</li> <li>- 8 to 12 months old: grind or finely chop food into small pieces, so the baby won't choke.</li> </ul> </li> <li>• Babies don't have the same sense of taste as adults so there's no need to add salt, sugar, sweeteners, syrups, oil, butter, cream, gravies, sauces or other seasonings.</li> <li>• Don't add any amount of honey. Honey can cause food poisoning in infants.</li> <li>• Egg whites can cause an allergic reaction in infants.</li> </ul> <p><b>Storage:</b></p> <ul style="list-style-type: none"> <li>• To prevent spoilage, homemade baby food should be used immediately or frozen for later use. Store in refrigerator for two to three days only.</li> <li>• Large batches of puréed baby food can be poured into ice-cube trays, covered with waxed paper and frozen. Or, spoon small portions onto a cookie sheet, cover with waxed paper and freeze. When frozen, transfer to freezer bags.</li> <li>• Puréed fruits and vegetables should be kept in a freezer for no longer six to eight months.</li> <li>• Puréed meats should be kept in a freezer for no longer than 10 weeks.</li> <li>• Thaw cubes in the refrigerator, in a double boiler, in a microwave or in a plastic bag under cold, running water. Do not thaw at room temperature.</li> </ul>	<p><b>Resources:</b>  Food Safety at Home [13-20, 13-20(a)]</p>

<b>Topic/Risk Condition</b>	<b>Counseling Information</b>	<b>Referral Information and Resources</b>
<p><b>Other Topics: Sanitation and Infant Food</b></p>	<p><b>Sanitation tips that apply to infant foods</b></p> <ul style="list-style-type: none"> <li>• Wash hands before preparing food for an infant or feeding an infant. Use clean dishes and utensils.</li> <li>• Parents should not share utensils with an infant or chew foods before feeding them to an infant. Saliva contains bacteria, and saliva from the parent's mouth can contaminate the baby's food and utensils with bacteria, leading to dental caries. Also, such practices can spread illnesses.</li> <li>• Do not feed baby food directly from the jar. This allows bacteria from the baby's mouth to get into the baby food jar. If the uneaten food is saved, bacteria in the leftovers can grow, even in the refrigerator. Feeding the leftovers to an infant can possibly cause diarrhea, vomiting and other symptoms of food-borne illness.</li> <li>• Spoon small amounts of baby food from the jar onto the baby's plate. The remaining portion of the baby food should be recapped and refrigerated. It can be safely refrigerated for up to three days.</li> </ul>	<p><b>Resources:</b> Food Safety at Home [13-20, 13-20 (a)]</p>